

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028877

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 358

FILED JUL 29 1963

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Joplin

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Freeman Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Oklahoma

b. COUNTY

Ottawa

c. CITY  
OR  
TOWN

Miami

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

100 Circle Drive

Reside on Farm

Yes ☒ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Paul

Coleman

Crowson

4. DATE  
OF  
DEATHMonth  
July

Day

20

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/27/05

9. AGE (last birthday)

57

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Electrician

10b. KIND OF BUSINESS OR INDUSTRY

B. F. Goodrich Co.

11. BIRTHPLACE (City and state or country)

Mexico, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Norman C. Crowson

13b. MOTHER'S MAIDEN NAME

Susie Littrell

14. NAME OF HUSBAND OR WIFE

Dorothy Crowson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

Yes

W. W. #2

16. SOCIAL SECURITY NO.

17. INFORMANT

Dorothy Crowson

Address

Miami, Okla.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial failure

INTERVAL BETWEEN  
ONSET AND DEATH

Few minutes

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Myocardial insufficiency and ischemia

Undeter-  
mined

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)Right bronchogenic carcinoma (Right pneumonectomy,  
palliative resection performed 7-9-63)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-27-63 to 7-20-63 and last saw him alive on 7-20-63  
Death occurred at 3:50 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

DeTar Clinic,  
410 Jackson, Joplin, Mo.

22c. DATE SIGNED

7-23-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

July 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

G. A. R. Cemetery,

23d. LOCATION (City, town, or county)

Miami, Oklahoma.

24. FUNERAL DIRECTOR

ADDRESS

Hutchins Funeral Home Miami, Okla.

25. DATE RECD. BY LOCAL REG.

7-25-1963

26. REGISTRAR'S SIGNATURE

Dore Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

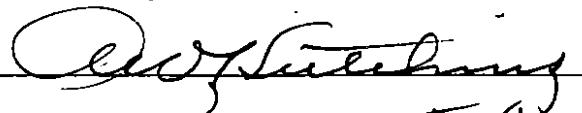
AUG 1 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 508

P. O. Address Miami, Fla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.